MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-016664

ON THIS STUB	AM	LENDE	1		stration District No.	APR 1 6 1963	mary Registratic	on District No. <u>56</u>	Registrar's No		
vs 300	ا ما				PLACE OF DEATH				2. USUAL RESIDENCE (Where d	deceased lived. If institution: COUNTY Lincoln	Residence before admission)
Rev. 4/59				 —,		coln crporate limits, give TOW	NSHIP ONLY	Length of stay in 15		uncoln	Inside Limits
	AMENDED		!	\	or rown Unio		itoriii Giliyi	1	OR TOWN Troy (ru	ral \	Yes No
10570				\ —		f NOT in hospital, give lo	ation	25 yr.	_ 	(If cutside, give location)	Reside on Farm
		1	\	\ '	HOSPITAL OR OL	Mi. north of	Trout Mo.	Yes D No DO	ADDRESS		<i>ا</i> ر ا
205702	DATE		[! ——				I IES LI NO X	8 Mi. northof Tr	oy Mo.	Yes No 🗗
3		\top	\square	3.	NAME OF DECEASES	D First		Middle	Last 4. DATE OF	Month Day	Year
				 		JOE		T.	DEATU	April 11 1963	
4 0			!	5. :	SEX	6. COLOR OR RACE	7. Married	Never Married	8. DATE OF BIRTH 9. AGE (Ia	est birthday) IF UNDER 1 YEAR	
5 j			,		ale	White	Widowed		- IJan 27 . 1892	71 Agenths Pays	Hours Min.
			,			N (Give kind of work done	10b. KIND O	F BUSINESS OR INDUST	IRY 11. BIRTHPLACE (City and state	or country) 12. CITIZEN OF	WHAT COUNTRY
	<u> </u>		! ;		Fai	ing life, even if retired) The r	Farn		Briscoe Mo. :	U.A.A.	
70			! _}	13a. l	FATHER'S NAME			MOTHER'S MAIDEN NA	ME 14.	NAME OF HUSBAND OR WIFE	
	<u> </u>		!] _i		W.W. Broy			ary Cantrel		ace Broyles	
8 2	2				WAS DECEASED EVE	ER IN U.S. ARMED FORCES		SOCIAL SECURITY NO.	17. INFORMANT	Address	
944 2 000 1			!	(res,	io, or unknown) (I	if yes, give war or dates o			Grace Broyles	Troy Mo.	_
	<u> </u>		E		B. CAUSE OF DEAT	H (Enter only one cause pol. DEATH WAS CAUSED 8	Y: A",-	,, (-)			TERVAL BETWEEN NSET AND DEATH
10	3		UMENT			IMMEDIATE CAUSE		ERIOSCU	FROTIC HEART		INKNOUN
11	SAD OF		0	1					······································		
1290-0		1 1	l IQI	, L						1	
		1 '	י בסן		Conditi	ions, if any,] DUE TO	(b)			·	·
					which (above -	gave rise to Cause (a),	(Ь)				· · · · · · · · · · · · · · · · · · ·
133-0	E ISS				which (above - stating	gave rise to					
133-0				NO	which pabove - stating lying	gave rise to cause (a), the under- cause last. DUE TO	(c)	ONTRIBUTING TO DE	: ATH but not related to the terminal	PART III. If deceased there a pregna	was female was
133-0	NO S			CATION	which above - stating lying - PART	gave rise to cause (a). the under cause last. OUE TO	(c)CONDITIONS C	_ //	•	PART III. If deceased there a pregna	ncy in last 90 days.
133-0	NO S			TIFICATION	which aboves stering lying PART I	gave rise to	CONDITIONS C in PART I (a)	2 Porto	ATH but not related to the terminal CY THEMIA	there a pregna	No Unknown
133-0	NO S			CERTIFICATION	which aboves stering lying PART I	gave rise to	CONDITIONS C in PART I (a)	2 Porto	CYTHEMIA	there a pregna	No Unknown
133-0	NO S				PART I PART I	gave rise to cause (e), the under cause last. DUE TO III. OTHER SIGNIFICANT disease condition given RKED EMP	CONDITIONS	2 Porto	CYTHEMIA	there a pregna	No Unknown
133-0 NO	INSTILL				9. WAS AUTOPSY PERFORMED? YES NO	gave rise to Cause (a). The under cause last. DUE YO USE YOUR TO CAUSE LAST. DUE YOUR YOUR PREPARED COMP. 20a. ACCIDENT SUICE MONTH, Day, Year Inc.	CONDITIONS	2 Porto	CYTHEMIA	there a pregna	No Unknown
133-0	NO S			MEDICAL CER	9. WAS AUTOPSY PERFORMED? YES NO NO INJURY OCCURR	gave rise to cause (e), the under cause last. DUE TO THER SIGNIFICANT disease condition gives RKED CMP. 20a. ACCIDENT SUICI Month, Day, Year	(c) CONDITIONS CONDITI	20b. DESCRIBE H	CY THEMIA OW INJURY OCCURRED. (Enter nature	there a pregna	No Unknown
RIBBON CEL	INSTITUTE OF THE STATE OF THE S			MEDICAL CER	9. WAS AUTOPSY PERFORMED? YES NO SOC. TIME OF INJURY P. MO	gave rise to cause (a). the under cause last. DUE YO THER SIGNIFICANT disease condition gives RKED CMP 20a. ACCIDENT SUICE W. Month, Day, Yeer ARED 20e. PLACE Farm.	(c) CONDITIONS CONDITI	2 104 4 20b. DESCRIBE H	CY THEMIA OW INJURY OCCURRED. (Enter nature	there a pregna	No Unknown of item 18.)
RIBBON CEL	INSTITUTE OF THE STATE OF THE S			MEDICAL CER	9. WAS AUTOPSY PERFORMED? YES NO NO NO NIME OF INJURY NO NO NIME OCCURR WHILE AT WORK NO WHILE AT	gave rise to cause (a). the under cause last. DUE YO II. Other SIGNIFICANT disease condition giver 20s. ACCIDENT SUICE W. Month, Day, Year A. C.	CONDITIONS	20b. DESCRIBE H	CY THEMIA OW INJURY OCCURRED. (Enter nature) 201. CITY, TOWN, OR LOCATION	there a pregna	No Unknown of item 18.)
RIBBON CEL	READ INST			MEDICAL CER	9. WAS AUTOPSY PERFORMED? YES NO OC. TIME OF HOU INJURY OCCURR WHILE AT WORR NOT WHILE AT	gave rise to cause (a). the under cause last. DUE YO II. Other SIGNIFICANT disease condition giver 20s. ACCIDENT SUICE W. Month, Day, Year A. C.	(c) CONDITIONS C In PART I (a) WYSEMA DE HOMICIDE E OF INJURY (e, fectory, street,	20b. DESCRIBE H	OW INJURY OCCURRED. (Enter nature 20f. CITY, TOWN, OR LOCATION PRIL 11, 1963nd last saw him	there a pregna Per I or PART II	No Unknown of item 18.)
RIBBON CE ELL	READ INST			MEDICAL CER	9. WAS AUTOPSY PERFORMED? YES NO NO NO. TIME OF NO. TIME OF NO. TIME OF WHILE AT WORK NOT WHILE AT TOTAL THE NOT WHILE AT TOTAL THE NO. THE NO	gave rise to Cause (a). The under cause last. DUE YO USE YOUR CAUSE LAST. DUE YOU THE SIGNIFICANT disease condition giver RKED CMP 20a. ACCIDENT SUICI CMP WORK DUE TO THE YOUR CAUSE CONTROLL	CONDITIONS	20b. DESCRIBE H	OW INJURY OCCURRED. (Enter nature) 20f. CITY, TOWN, OR LOCATION PIL 11, 193 and last saw hin the date stated above, and to the bes	there a pregna Per I or PART II	No Unknown of item 18.)
RIBBON CEL	READ INST		T OF	MEDICAL CER	9. WAS AUTOPSY PERFORMED? YES NO OC. TIME OF HOU INJURY OCCURR WHILE AT WORR NOT WHILE AT	gave rise to Cause (a). The under cause last. DUE YO USE YOUR CAUSE LAST. DUE YOU THE SIGNIFICANT disease condition giver RKED CMP 20a. ACCIDENT SUICI CMP WORK DUE TO THE YOUR CAUSE CONTROLL	(c) CONDITIONS C In PART I (a) WYSEMA DE HOMICIDE E OF INJURY (e, fectory, street,	20b. DESCRIBE H	OW INJURY OCCURRED. (Enter nature 20f. CITY, TOWN, OR LOCATION PRIL 11, 1963nd last saw him	there a pregna Per I or PART II	No Unknown of item 18.) STATE
BLACK INK OR RITER RIBBON	INSTITUTE OF THE STATE OF THE S			WEDICAL CER	Which above stating lying PART I PART I WAS AUTOPSY PERFORMED? YES NO INJURY OCCURR WHILE AT WORNOT WHILE AT I. I attended the dipeath occurred 12. SIGNATURE	gave rise to cause (e), the under cause (ast. DUE YO THE SIGNIFICANT disease condition giver the under the	CONDITIONS	20b. DESCRIBE H	OW INJURY OCCURRED. (Enter nature 20f. CITY, TOWN, OR LOCATION The date stated above, and to the best 22b. ADDRESS.	there a pregna Per I or PART II	No Unknown of item 18.) STATE
RIBBON CEL	SHOULD READ INST			WEDICAL CER	9. WAS AUTOPSY PERFORMED? YES NO NO. TIME OF HOU INJURY OCCUR WHILE AT WOR NOT WHILE AT 1. I attended the di Death occurred 12a. SIGNATURE BURIAL, CREMATION REMOVAL (Specify)	gave rise to cause (e). The under cause last. DUE TO USE T	CONDITIONS	20b. DESCRIBE H	20f. CITY, TOWN, OR LOCATION 20f. CITY, TOWN, OR LOCATION 20f. ADDRESS REMATORY 22f. COCATION 22f. COCATION	COUNTY COUNTY	No Unknown of item 18.) STATE
RIBBON CE ELL	READ INST			- 23a. 1	9. WAS AUTOPSY PERFORMED? YES NO SOC. TIME OF HOU INJURY OCCURE WHILE AT 1. I attended the di Death occurry 128. SIGNATURE BURIAL, CREMATION	gave rise to cause (e), the under cause last. DUE TO USE TO Cause last. DUE TO USE TO	CONDITIONS	2 OLYGE 20b. DESCRIBE H	20f. CITY, TOWN, OR LOCATION 20f. CITY, TOWN, OR LOCATION 20f. ADDRESS REMATORY 22f. COCATION Lincoln	COUNTY COUNTY malive on APRIL at of my knowledge, from the c	No Unknown of item 18.) STATE

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

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If this body is not embalmed, fact should be so stated above.

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signed D. W. E. Gord
Licensed Embalmer No. //3583
P. O. Address Tray Mo
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EMBALMER in his OWN HANDWRITING. (Failure to compl
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